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**BIB DATA SHEET** 

Please make changes to the class and total claims

## **CONFIRMATION NO. 6754**

CONTINUATION NO. 0734										
SERIAL NUM 10/804,19	DATE 03/19/2004			CLASS 726	GROUP ART UNIT 2437		ATTORNEY DOCKET NO. 03-4041			
	RULE									
	ium Ellic	ott, Arlington,								
** CONTINUIN	G DATA	·*************************************	*******	,						
** FOREIGN A	PPLICA	TIONS *****	*******	******	•					
** IF REQUIRE 05/29/20		EIGN FILING	LICENSE	E GRA	NTED **					
Foreign Priority claim 35 USC 119(a-d) con	ditions met			ler nce	STATE OR COUNTRY	SHEETS DRAWING			INDEPENDENT CLAIMS	
	COURTNE FIELDS/ Examiner's		CDF		MA	12	25	<u>5</u> ~ 23	8	
ADDRESS										
1320 Nor 9th Floor	MANAC th Cour	GEMENT GR t House Road A 22201-2909 S	d							
TITLE										
Systems	and me	thods for imp	roved med	dia acc	ess control					
							☐ All Fees			
	FEES: Authority has been given in Paper  No to charge/credit DEPOSIT ACCOUNT  No for following:					□ 1.1	☐ 1.16 Fees (Filing)			
FILING FEE						JT 1.1	☐ 1.17 Fees (Processing Ext. of time)			
RECEIVED 2170							1.18 Fees (Issue)			
						□ Ott	☐ Other			
						□ Cre	☐ Credit			